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03/27/2007

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Joy M. Marshall	(Depositor's name)
<i>Joy M. Marshall</i>	(Signature)
June 26 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/823,980	03/25/1997	AMY J. WEINER	CHIR-0108	8052

TITLE OF INVENTION: CONSERVED MOTIF OF HEPATITIS C VIRUS E2/NS1 REGION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0/27/2007	\$1400	06/27/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS				
SCHWADRON, RONALD B	1644	424-130100				
			01 FC:1501	1400.00 DA		
			02 FC:8001	30.00 DA		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 Marcella Lillis  
 2 Roberta L. Robins  
 3 Alisa A. Harbin

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Novartis Vaccines and Diagnostics, Inc.

Emeryville, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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Authorized Signature

*Marcella Lillis*

Date June 26 2007

Typed or printed name

Marcella Lillis

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Date: June 26, 2007

To: Mail Stop ISSUE FEE  
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Facsimile No. 1-571-273-2885

From: Joy Marshall

Re: U.S. Application No. 08/823,980  
Our Reference No.: PP 00938.0105

Message: Attached please find the following documents:

1. Form PTOL-85 Part B Fee(s) Transmittal
2. DUPLICATE COPY: Form PTOL-85  
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